

EXHIBIT A

EXHIBIT A



GUARANTEED TERM LIFE INSURANCE TO AGE 95 POLICY

PLEASE READ YOUR POLICY CAREFULLY

This policy is a legal contract between you and us.

MEMO TO THE POLICY OWNER:

Thank you for relying on Nationwide Life Insurance Company.

The protection this policy provides is explained on the following pages. To help us serve you better, please let us know if you change your name or address, or wish to change your Beneficiary.

We agree to pay the Death Benefit to the Beneficiary upon receiving proof that the Insured has died while this policy is in force.

10 DAY RIGHT TO EXAMINE

To be certain that you are satisfied with this policy, you have a 10-day "free look." Within 10 days after you receive the policy, you may return it to our Home Office or to the agent who delivered it. We will then void the policy as if it had never been in force and refund all premiums paid.

If you have any questions about your policy or need additional insurance service, contact your agent or write to our Home Office. When you write to us, please include the policy number, the Insured's full name, and your current address.

Signed at the Home Office of the Nationwide Life Insurance Company, One Nationwide Plaza, Columbus, Ohio on the Policy Date shown on the policy data page.

Patricia B. Hatter

Secretary

Joseph J. Tupper

President

Renewable once a year until age 95.

Convertible anytime prior to the end of the conversion period, as stated on the policy data pages.

Premiums payable during lifetime of Insured prior to the end of the term of the policy.

Premiums are guaranteed at issue.

Non-Participating - No Dividends.

Life 4608

Nationwide Life Insurance Company
Home Office: One Nationwide Plaza • Columbus, Ohio 43215-2220

DUPLICATE

0028

CONTENTS

PROVISION	PAGE
Age or Sex	4
Conversion.....	5
Death Benefit.....	4
Definitions	3
Entire Contract.....	3
General Policy Provisions.....	3
Grace Period	5
Incontestability.....	4
Owner and Beneficiary Provisions	4
Policy Data Page.....	2
Policy Settlement	6
Premium Changes	5
Premium Payment Provisions.....	5
Reinstatement.....	5
Suicide	4
Tables for Settlement Options	8

002246880002

POLICY DATA PAGE

Owner GARY H LUPLOFF
 Insured GARY H LUPLOFF
 Policy Number L034804300
 Age Of Insured 46
 Sex Of Insured Male
 Rate Type Non-Tobacco

Policy Date November 28, 2003
 Initial Face Amount \$500,000
 Standard Premium Class

An initial premium on the premium basis as shown in the application is due as of the policy date.
 Total initial premiums for the available frequencies of payment are:

Annual	Semi Annual	Quarterly	Monthly
\$1,030.00	\$535.60	\$272.95	\$91.67

Premiums are payable to the policy anniversary in the year shown in the schedule below or until prior death of the insured.

To determine the guaranteed maximum modal premium for any given age, use the annual premium shown and then:

1. multiply by the factor shown at the right; and
2. add the loading

Payment Mode	Factor	Loading
Semi-annual	x .5200	+ .00
Quarterly	x .2650	+ .00
PAP	x .0890	+ .00

Schedule of Benefits and Annual Premiums

Form Number	Benefits	Annual Premium	Payable To Year
4608	10 YEAR LEVEL GUARANTEED TERM LIFE INSURANCE TO AGE 95	\$1,030.00	2013
	TOTAL INITIAL ANNUAL PREMIUM	\$1,030.00	

DUPLICATE 1

0030

002246880003

Insured Name GARY H LUPIOFF
 Policy Number L034804300
 Policy Date November 28, 2003
 Age Of Insured 48
 Sex of Insured Male

10 Year Level Guaranteed Term Life Insurance to Age 95 - Base Policy

Face Amount - \$500,000

NOTE: Premium is due at the beginning of each premium payment period (i.e., Annual, Semi-Annual, Quarterly, Monthly). The premium for the annual premium payment period is disclosed on this page.

NOTE: Conversion may be at any time during the first 5 years, subject to the 'CONVERSION' provision.

POLICY YEAR	AGE	GUARANTEED PREMIUM	POLICY YEAR	AGE	GUARANTEED PREMIUM
1	48	\$1,030.00	26	71	\$52,915.00
2	47	\$1,030.00	27	72	\$58,435.00
3	48	\$1,030.00	28	73	\$65,135.00
4	49	\$1,030.00	29	74	\$72,495.00
5	50	\$1,030.00	30	75	\$80,365.00
6	51	\$1,030.00	31	76	\$88,675.00
7	52	\$1,030.00	32	77	\$97,365.00
8	53	\$1,030.00	33	78	\$106,480.00
9	54	\$1,030.00	34	79	\$116,310.00
10	55	\$1,030.00	35	80	\$127,170.00
11	56	\$11,825.00	36	81	\$139,335.00
12	57	\$12,980.00	37	82	\$163,000.00
13	58	\$14,265.00	38	83	\$168,280.00
14	59	\$15,710.00	39	84	\$184,695.00
15	60	\$17,320.00	40	85	\$201,930.00
16	61	\$19,110.00	41	86	\$219,760.00
17	62	\$21,175.00	42	87	\$237,915.00
18	63	\$23,515.00	43	88	\$266,315.00
19	64	\$28,110.00	44	89	\$275,225.00
20	65	\$28,955.00	45	90	\$294,910.00
21	66	\$32,030.00	46	91	\$315,830.00
22	67	\$35,330.00	47	92	\$338,765.00
23	68	\$38,915.00	48	93	\$365,945.00
24	69	\$42,890.00	49	94	\$402,410.00
25	70	\$47,760.00			

DUPLICATE

0031

002246680004

NATIONWIDE LIFE INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

FOR MORE INFORMATION ABOUT THIS POLICY PLEASE CONTACT
02-23-3004 MARY REICH
POLICY NUMBER 605 E MAPLE RD
1034804300 BIRMINGHAM MI 48009-6442

PHONE. (248) 203 - 8804

STATEMENT OF POLICY COST AND BENEFIT INFORMATION
PREPARED FOR GARY H LUPILOFF
217 W FRANK ST
BIRMINGHAM MI 48009

AGE BASIS 46 ISSUE BASIS STANDARD PREMIUM CLASS
CLASSIFICATION: MALE, NON-TOBACCO

BASIC POLICY 10 YEAR LEVEL GUARANTEED TERM LIFE INSURANCE TO AGE 99

POL YR	BEGIN AGE	ANNUAL PREMIUM	QUANT PAYABLE ON DEATH
01-05	48-50	1030.00	500,000
10	55	1030.00	500,000
11	55	11823.00	500,000
15	60	17320.00	500,000
20	65	20933.00	500,000
25	70	47160.00	500,000
30	75	60453.00	500,000
35	80	127170.00	500,000
40	85	201920.00	500,000
45	90	294910.00	500,000
49	94	402410.00	500,000
(AGE 99)		.00	0

THIS POLICY IS NOT ELIGIBLE FOR POLICY LOANS

	SURRENDER COST INDEX	NET PAYMENT INDEX
YEAR 10	2.039	2.039
YEAR 20	15.233	15.233

THIS LIFE INSURANCE COST INDEX IS PROVIDED FOR THE PURPOSE OF MEASURING THE RELATIVE COST OF LIFE INSURANCE PROTECTION AND MAY BE USEFUL FOR COMPARISON OF SIMILAR POLICIES OFFERED BY OTHER COMPANIES. AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE ACCOMPANYING "LIFE INSURANCE BUYER'S GUIDE".

THIS DISCLOSURE STATEMENT SHALL NOT BE CONSIDERED AS AN OFFER TO CONTRACT OR AS ALTERING OR MODIFYING ANY POLICY OR RIDER THAT MAY BE ISSUED.

0032

DEFINITIONS

ATTAINED AGE: The Insured's Attained Age is equal to the Insured's age at issue, shown on the policy data page, plus the number of completed Policy Years.

BENEFICIARY: The Beneficiary is the person to whom the Death Benefits are paid when the Insured dies. The Beneficiary is named in the application, unless changed.

COMPANY: The Company is the Nationwide Life Insurance Company. "We," "our," and "us" refer to the Company.

CONTINGENT BENEFICIARY: The Contingent Beneficiary will become the Beneficiary if the named Beneficiary dies prior to the date of the death of the Insured.

CONTINGENT OWNER: The Contingent Owner will become the Owner if the named Owner dies prior to the date of death of the Insured.

DEATH BENEFIT: The Death Benefit means the amount of money payable to the Beneficiary if the Insured dies while this policy is in force.

HOME OFFICE: The Home Office of the Company is at One Nationwide Plaza, Columbus, Ohio.

INSURED: The Insured is the person whose life is covered by this insurance policy and named in the application.

OWNER: The Owner is as stated in the application unless later changed and endorsed on this policy. "You" or "your" refer to the Owner of this policy.

POLICY ANNIVERSARY: A Policy Anniversary is an anniversary of the Policy Date, shown on the policy data page.

POLICY DATE: The Policy Date is the date the policy provisions take effect. It is shown on the policy data page. Policy Years and policy months are measured from the Policy Date.

POLICY YEAR: The Policy Year starts on an anniversary of the Policy Date, and ends on the day prior to the next anniversary of the Policy Date.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT: The insurance provided by this policy is in return for the application and premiums paid as required in the policy. The policy and a copy of any written application, including any written supplemental applications together make up the entire policy contract. All agreements related to the policy must be on official forms signed by the President or Secretary of the Company. We will not be bound by any promise or representation made by any agent or other persons.

APPLICATION: All statements in an application are considered representations and not warranties. In issuing this policy, we have relied on the statements made in the application to be true and complete. No such statement will be used to void the policy or deny a claim unless that statement is a material misrepresentation.

SUICIDE: Suicide of the Insured, while sane or insane, within two years after the Policy Date, is not covered by this policy. In that event, this policy will end and the only amount payable will be the return of any paid premiums to the Beneficiary.

INCONTESTABILITY: After this policy has been in force during the lifetime of the Insured for two years from the Policy Date, we will not contest it for any reason except nonpayment of premiums. After any endorsement or rider has been in force as part of the policy during the lifetime of the Insured for two years, we will not contest it for any reason except nonpayment of premium.

ERROR IN AGE OR SEX: If the age or sex of an Insured has been misstated, all payments and benefits under the policy will be those which the premiums paid would have purchased at the Insured's correct age or sex.

ASSIGNMENT: The Owner may assign all rights under this policy. We will not be bound by the assignment until written notice is received, accepted, and recorded at our Home Office. Assignment will be subject to any amounts owed to us before the assignment was recorded. We are not responsible for the validity of any assignment.

NON-PARTICIPATION: This policy does not participate in our earnings or surplus. This policy does not earn dividends.

DEATH BENEFIT PROVISION

We will pay the Death Benefit to the Beneficiary when we receive satisfactory proof that the death of the Insured occurred while this policy was in force. The part of any premium paid past the policy month of death will be added to the amount paid on death. Any amounts owed to us under the Premium Payment Provisions will be deducted from the amount paid on death.

OWNER AND BENEFICIARY PROVISIONS

OWNERSHIP: The Owner has all rights under the policy during the lifetime of the Insured, unless otherwise provided. If the Owner dies before the Insured, the Owner's estate becomes Owner of the policy, unless the Owner has provided otherwise.

The Owner may name a Contingent Owner or a new Owner at any time during the lifetime of the Insured. Any new designation of an Owner will automatically revoke any existing designation. Any request for change must be made in writing and recorded at our Home Office. It is effective as of the date the written request is signed. It will not apply to any payment made or action taken by us before it was recorded.

BENEFICIARY: The Beneficiary and Contingent Beneficiary on the Policy Date are named in the application. More than one Beneficiary or Contingent Beneficiary may be named. If more than one Beneficiary is designated when the Death Benefit becomes payable, payment to the survivors will be made in equal shares, or in full to the last survivor, unless some other distribution of proceeds is provided.

If any Beneficiary dies or ceases to exist before the Death Benefit becomes payable, that Beneficiary's interest will be paid to any surviving Beneficiaries or Contingent Beneficiaries according to their respective interests, unless you have specified otherwise. If no Beneficiary is living or in existence when the Death Benefit becomes payable, we will consider you or your estate to be the Beneficiary.

CHANGE OF BENEFICIARY: While the Insured is living, you may change any Beneficiary or Contingent Beneficiary. Any change must be in a written form satisfactory to us and recorded at our Home Office. Once recorded, whether or not the Insured is then alive, the change will take effect as of the date you signed it. It will not affect any payment made or action taken by us before it was recorded. We may require that you send us your policy for endorsement before making a change.

PREMIUM PAYMENT PROVISIONS

Premiums are payable for the term of the policy or until the prior death of the Insured. The full premium is payable in advance, and must be paid when due to avoid loss of coverage or reduced benefits. Premiums are payable at our Home Office or to our authorized representative. The authorized representative will accept premiums and provide an official Company receipt signed by the President or Secretary and countersigned by representative. The first premium is due on the Policy Date shown on page 2. After that, premiums are due once a year, or every six months, or every three months, or once a month, depending upon the frequency of payment chosen by the Owner.

All future premiums are guaranteed. You may change the frequency of future premium payments by written request. The change must conform to premium payment rules we have in effect at that time.

PREMIUM CHANGES: All premiums are guaranteed at issue as stated in the policy data pages. The premiums are level for the period shown on the policy data pages. After the level portion of the policy, the premiums are based on an Attained Age scale and increase every year to age 95.

GRACE PERIOD: If any premium after the first one is not paid when due, a period of 31 days from the due date of the unpaid premium will be allowed for payment. The policy will continue in force during this 31 day period. However, if the Insured dies during this 31 day period, any unpaid premium will be deducted from the Death Benefit. In no event will premiums be charged past the policy month of death. This policy will lapse, without value, if premiums are not paid.

REINSTATEMENT: If this policy lapses prior to the expiration date, you may reinstate it. You must apply in writing within five years after the date the first unpaid premium was due. We must also have evidence of insurability that is acceptable to us. All overdue premiums must be paid with 6% compound interest. Compounding interest is added to the amount owed and begins to bear interest itself during the following year.

CONVERSION

This policy may be converted to a level premium, level benefit, permanent plan of whole life or endowment insurance which is currently being offered by Nationwide. Subject to the Company's approval, the conversion may also be made to certain non-level premium, permanent life insurance policies. Conversion may be at any time prior to the end of the conversion period, as stated on the policy data pages. The following will apply:

1. This policy must be in force.
2. Conversion must be applied for in writing.
3. The Insured's Attained Age must be less than 75.
4. Evidence of insurability is not needed.
5. The face amount of the new policy may be for an amount up to the face amount of this policy at the time the request for conversion is made, but not less than our published minimum for the plan selected.

6. The new policy must be for a plan of insurance we are issuing on the date of conversion.
7. Premiums for the converted policy will not be waived because of any existing disability at the time of conversion.
8. Supplemental benefits cannot be added without evidence of insurability and consent of the Company.

The Policy Date of the new policy will be the date of conversion. The premium for the new policy will be based on the same class of risk as this policy and the Attained Age of the Insured on the date of conversion.

The contestable and suicide periods in the new policy will start on the Policy Date of this policy.

POLICY SETTLEMENT

Policy settlement means payment of the Death Benefit when the Insured dies.

Policy settlement may be paid in a lump sum. Options for other methods of settlement are also available. One settlement option or a combination of options may be chosen. A settlement option other than lump sum may be chosen only if the total amount placed under the option is at least \$2,000.00 and each payment is at least \$20.00.

While this policy is in force, the Owner may choose, revoke or change settlement options at any time. If no settlement option has been chosen before the Insured has died, the Beneficiary may choose one. If no other settlement option has been chosen, payment will be made in a lump sum.

Settlement options must be chosen, revoked or changed by proper written request. After an option, revocation, or change is recorded at our Home Office, it will become effective as of the date it was requested. We may require proof of age of any person to be paid under a settlement option. Any change of Beneficiary will automatically revoke any settlement option that is in effect.

At the time of policy settlement under any settlement option other than lump sum, we will issue a settlement contract in exchange for the policy. The effective date of the settlement contract will be the date the Insured died.

Settlement option payments are not assignable. To the extent allowed by law, settlement option payments are not subject to the claims of creditors or to legal process.

Options 1, 2, 4 and the guaranteed period of Option 3, provide for payment of interest at the rate of 2-1/2% per year. We will determine once a year any interest to be paid in excess of the rate of 2-1/2%.

OPTIONS

1. **INTEREST INCOME:** Any amount payable under this option may be left with us and will receive interest of at least 2-1/2% annually. This interest may be either left to accumulate or it may be paid at the end of every 12, 6, 3, or 1 month interval from the effective date of the settlement contract. Upon receipt of proper written request, the amount left with us may be withdrawn.

2. **INCOME FOR A FIXED PERIOD:** Any amount payable under this option will be paid over the number of years selected. The amount payable monthly for each \$1,000 left with us will be at least as much as the amount shown in the Option 2 Table. If chosen, payments will be made at the beginning of each 12, 6, 3; or 1 month interval, starting with the effective date of the settlement contract. Each payment includes a portion of the amount left with us and interest. Upon receipt of proper written request, the amount left with us may be withdrawn.

3. LIFE INCOME WITH PAYMENTS GUARANTEED: Any amount payable under this option will be paid during the named payee's lifetime. A guaranteed period of 10, 15, or 20 years may be selected. Payments will continue to the end of this period even if the payee dies. The amount payable monthly for each \$1,000 left with us is shown in the Option 3 Table. If chosen, payments will be made at the beginning of each 12, 6, 3, or 1 month interval starting with the effective date of the settlement contract. Amounts left with us under this option may not be withdrawn.

4. FIXED INCOME FOR VARYING PERIODS: Any amount payable under this option will be paid in a fixed amount until the amount left under this option, and interest, has been paid. The total amount payable each year may not be less than 5% of the amount left under this option. Interest paid under this option will be at the rate of at least 2-1/2% compounded annually. If chosen, payments will be made at the beginning of each 12, 6, 3, or 1 month interval, starting with the effective date of the settlement contract. Upon receipt of proper written request, the amount left with us may be withdrawn.

5. JOINT AND SURVIVOR LIFE INCOME: Any amount payable under this option will be paid and continued during the lifetimes of the named payees, as long as either payee is living. Upon request, the Company will furnish information as to the monthly amounts payable for each \$1,000 of proceeds. (Life Income amounts payable for other combinations of age and sex will be furnished on request.) If chosen, payments will be made jointly at the beginning of each 12, 6, 3, or 1 month interval, starting with the effective date of the settlement contract. Amounts left with us under this option may not be withdrawn.

6. LIFE ANNUITY: Any amount payable under this option will be paid during the lifetime of the named payee or the lifetimes of the named payees. The amount payable will be 102% of our current annuity purchase rate on the effective date of the settlement contract. Annuity purchase rates are subject to change. Upon request, we will quote the amount currently payable under this settlement option. If chosen, payments will be made at the end of each 12, 6, 3, or 1 month interval from the effective date of the settlement contract. Amounts left with us under this option may not be withdrawn.

TABLES FOR SETTLEMENT OPTIONS**OPTION 2**

Monthly Installments for each \$1,000 of Proceeds
Option 2 - Income for a Fixed Period

Number of Years Specified	Amount of Each Installment	Number of Years Specified	Amount of Each Installment
1	\$84.28	16	\$6.30
2	42.66	17	6.00
3	28.79	18	5.73
4	21.86	19	5.49
5	17.70	20	5.27
6	14.93	21	5.08
7	12.95	22	4.90
8	11.47	23	4.74
9	10.32	24	4.60
10	9.39	25	4.46
11	8.64	26	4.34
12	8.02	27	4.22
13	7.49	28	4.12
14	7.03	29	4.02
15	6.64	30	3.93

Annual, semi-annual or quarterly payments are 11.865, 5.969 and 2.994 respectively times the monthly installments.

OPTION 3

Monthly Installments for each \$1,000 of Proceeds
Option 3 - Life Income with Payments Guaranteed
REFER TO NEXT PAGE

OPTION 5

Monthly Installments for each \$1,000 of Proceeds
Option 5 - Joint & Survivor Life Income

M/F	50	55	60	65	70	75	80	85	90	95	100
50	\$2.86	\$2.96	\$3.04	\$3.11	\$3.17	\$3.21	\$3.24	\$3.26	\$3.28	\$3.29	\$3.29
55	\$2.92	\$3.04	\$3.15	\$3.26	\$3.35	\$3.43	\$3.48	\$3.52	\$3.55	\$3.56	\$3.57
60	\$2.96	\$3.11	\$3.26	\$3.41	\$3.55	\$3.67	\$3.77	\$3.84	\$3.88	\$3.91	\$3.93
65	\$3.00	\$3.17	\$3.35	\$3.55	\$3.75	\$3.94	\$4.10	\$4.22	\$4.31	\$4.37	\$4.40
70	\$3.02	\$3.21	\$3.43	\$3.67	\$3.94	\$4.21	\$4.47	\$4.68	\$4.85	\$4.96	\$5.03
75	\$3.04	\$3.24	\$3.48	\$3.77	\$4.10	\$4.47	\$4.85	\$5.20	\$5.50	\$5.72	\$5.86
80	\$3.05	\$3.26	\$3.52	\$3.84	\$4.22	\$4.68	\$5.20	\$5.73	\$6.22	\$6.63	\$6.92
85	\$3.06	\$3.28	\$3.55	\$3.88	\$4.31	\$4.85	\$5.50	\$6.22	\$6.98	\$7.67	\$8.22
90	\$3.07	\$3.29	\$3.56	\$3.91	\$4.37	\$4.96	\$5.72	\$6.63	\$7.67	\$8.73	\$9.68
95	\$3.07	\$3.29	\$3.57	\$3.93	\$4.40	\$5.03	\$5.86	\$6.92	\$8.22	\$9.68	\$11.16
100	\$3.07	\$3.30	\$3.58	\$3.94	\$4.42	\$5.07	\$5.96	\$7.12	\$8.62	\$10.46	\$12.49

OPTION 3**Monthly Installments for each \$1,000 of Proceeds
Option 3 - Life Income with Payments Guaranteed**

Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years			Age of Payee Last Birthday		Guaranteed Period Years		
Male	Female	10	15	20	Male	Female	10	15	20	Male	Female	10	15	20
5 & under	10 & under	\$2.33	\$2.33	\$2.32	35	40	\$2.75	\$2.75	\$2.75	65	70	\$4.37	\$4.27	\$4.12
6	11	\$2.33	\$2.33	\$2.33	36	41	\$2.78	\$2.78	\$2.77	66	71	\$4.48	\$4.36	\$4.19
7	12	\$2.34	\$2.34	\$2.34	37	42	\$2.81	\$2.80	\$2.80	67	72	\$4.59	\$4.45	\$4.26
8	13	\$2.35	\$2.35	\$2.35	38	43	\$2.83	\$2.83	\$2.82	68	73	\$4.71	\$4.55	\$4.33
9	14	\$2.36	\$2.36	\$2.36	39	44	\$2.86	\$2.86	\$2.85	69	74	\$4.83	\$4.65	\$4.40
10	15	\$2.37	\$2.37	\$2.37	40	45	\$2.89	\$2.89	\$2.88	70	75	\$4.96	\$4.75	\$4.47
11	16	\$2.38	\$2.38	\$2.38	41	46	\$2.92	\$2.92	\$2.91	71	76	\$5.10	\$4.86	\$4.54
12	17	\$2.39	\$2.39	\$2.39	42	47	\$2.96	\$2.95	\$2.94	72	77	\$5.24	\$4.97	\$4.61
13	18	\$2.40	\$2.40	\$2.40	43	48	\$2.99	\$2.99	\$2.97	73	78	\$5.39	\$5.07	\$4.68
14	19	\$2.41	\$2.41	\$2.41	44	49	\$3.03	\$3.02	\$3.01	74	79	\$5.55	\$5.18	\$4.75
15	20	\$2.42	\$2.42	\$2.42	45	50	\$3.07	\$3.06	\$3.04	75	80	\$5.71	\$5.29	\$4.81
16	21	\$2.43	\$2.43	\$2.43	46	51	\$3.11	\$3.10	\$3.08	76	81	\$5.87	\$5.40	\$4.87
17	22	\$2.44	\$2.44	\$2.44	47	52	\$3.15	\$3.14	\$3.12	77	82	\$6.05	\$5.51	\$4.92
18	23	\$2.46	\$2.45	\$2.45	48	53	\$3.19	\$3.18	\$3.16	78	83	\$6.22	\$5.61	\$4.97
19	24	\$2.47	\$2.47	\$2.46	49	54	\$3.24	\$3.22	\$3.20	79	84	\$6.40	\$5.72	\$5.02
20	25	\$2.48	\$2.48	\$2.48	50	55	\$3.29	\$3.27	\$3.25	80	85	\$6.58	\$5.82	\$5.06
21	26	\$2.49	\$2.49	\$2.49	51	56	\$3.34	\$3.32	\$3.29	81	86	\$6.77	\$5.91	\$5.10
22	27	\$2.51	\$2.51	\$2.50	52	57	\$3.39	\$3.37	\$3.34	82	87	\$6.96	\$6.00	\$5.15
23	28	\$2.52	\$2.52	\$2.52	53	58	\$3.45	\$3.42	\$3.39	83	88	\$7.14	\$6.09	\$5.16
24	29	\$2.54	\$2.54	\$2.53	54	59	\$3.50	\$3.48	\$3.44	84	89	\$7.33	\$6.16	\$5.18
25	30	\$2.55	\$2.55	\$2.55	55	60	\$3.56	\$3.53	\$3.49	85	90	\$7.51	\$6.24	\$5.21
26	31	\$2.57	\$2.57	\$2.57	56	61	\$3.63	\$3.59	\$3.54	86	91	\$7.69	\$6.30	\$5.22
27	32	\$2.59	\$2.59	\$2.58	57	62	\$3.69	\$3.66	\$3.60	87	92	\$7.87	\$6.36	\$5.24
28	33	\$2.61	\$2.60	\$2.60	58	63	\$3.76	\$3.72	\$3.66	88	93	\$8.03	\$6.41	\$5.25
29	34	\$2.62	\$2.62	\$2.62	59	64	\$3.84	\$3.79	\$3.72	89	94	\$8.19	\$6.46	\$5.26
30	35	\$2.64	\$2.64	\$2.64	60	65	\$3.91	\$3.86	\$3.78	90	95	\$8.34	\$6.50	\$5.26
31	36	\$2.66	\$2.66	\$2.66	61	66	\$3.99	\$3.93	\$3.84	91	96	\$8.48	\$6.53	\$5.27
32	37	\$2.68	\$2.68	\$2.68	62	67	\$4.08	\$4.01	\$3.91	92	97	\$8.61	\$6.56	\$5.27
33	38	\$2.71	\$2.70	\$2.70	63	68	\$4.17	\$4.09	\$3.98	93	98	\$8.73	\$6.58	\$5.27
34	39	\$2.73	\$2.73	\$2.72	64	69	\$4.27	\$4.18	\$4.05	94	99	\$8.84	\$6.60	\$5.27
										95 & over	100 & over	\$8.94	\$6.61	\$5.27

If the income payable for a specific guaranteed period is equal to that for other guarantee periods the longer period will be deemed to have been elected.

THIS PAGE INTENTIONALLY LEFT BLANK

NATIONWIDE LIFE INSURANCE COMPANY

ENDORSEMENTS (Endorsements may be made only by the Company at the Home Office)

Life 4608

DUPLICATE

(2002/21)

1050

12-05157

P.O. Box 182835 Columbus, Ohio 43218-2835

☐ NATIONWIDE LIFE INSURANCE COMPANY
☐ NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

001785710001

0043

6. LIFE INSURANCE PLAN

a. Plan # 10 Variable Life product is being applied for. The Variable Life Fund Supplement **MUST** be completed in conjunction with this application.

b. Total Specified/Free Amount (including Additional Protection Rider) \$50,000

c. Additional Protection Rider Amount (Individual case only) N/A

d. Supplemental Coverage Percentage (Survivorship case only) N/A

e. Initial Premium Deposit (paid with application) \$300.00

f. Premium (Check plan for availability)

1. ☐ Single Premium \$ 197.93

2. ☐ Semi-Annual \$ 395.86

3. ☐ Quarterly \$ 98.97

4. ☐ Monthly EFT (Complete Part A. 87)

g. FOR INDIVIDUAL VARIABLE UNIVERSAL LIFE PLAN ONLY (Check plan for availability)

1. Death Benefit Option (If no option is selected here, Option 1 is elected)

Option 1 (The Specified Amount, or a multiple of the Cash Value, whichever is greater)

Option 2 (The Specified Amount, plus the Cash Value, or a multiple of the Cash Value, whichever is greater)

Option 3 (The Specified Amount, plus the Premium Accumulation at _____ % interest or a multiple of the Cash Value, whichever is greater)

Internal Revenue Code Life Insurance Qualification Test (If no selection is made here, Guideline Premium/Cash Value Corridor Test is elected)

2. Optional Benefit Riders

☐ Accelerated Death Benefit Rider

☐ Adjusted Sales Load Rider

☐ % (in whole percentages only) waived for _____ years

☐ Cash Rider \$ _____

☐ Long Term Care Rider \$ _____

Complete Supplement for Long Term Care Rider

h. FOR SURVIVORSHIP LIFE PLAN ONLY (Check plan for availability)

1. Death Benefit Option (If no option is selected here, Option 1 is elected)

Option 1 (The Specified Amount, or a multiple of the Cash Value, whichever is greater)

Option 2 (The Specified Amount, plus the Cash Value, or a multiple of the Cash Value, whichever is greater)

Option 3 (The Specified Amount, plus the Premium Accumulation at _____ % interest or a multiple of the Cash Value, whichever is greater)

Internal Revenue Code Life Insurance Qualification Test (If no selection is made here, Guideline Premium/Cash Value Corridor Test is elected)

2. Optional Benefit Riders

☐ Accelerated Death Benefit Rider

☐ Adjusted Sales Load Rider

☐ % (in whole percentages only) waived for _____ years

☐ Cash Rider \$ _____

☐ Long Term Care Rider \$ _____

Complete Supplement for Long Term Care Rider

i. FOR UNIVERSAL LIFE PLAN ONLY (Check plan for availability)

1. Death Benefit Option (If no option is selected here, Option 1 is elected)

Option 1 (The Specified Amount, or a multiple of the Cash Value, whichever is greater)

Option 2 (The Specified Amount, plus the Cash Value, or a multiple of the Cash Value, whichever is greater)

Option 3 (The Specified Amount, plus the Premium Accumulation at _____ % interest or a multiple of the Cash Value, whichever is greater)

Internal Revenue Code Life Insurance Qualification Test (If no selection is made here, Guideline Premium/Cash Value Corridor Test is elected)

2. Optional Benefit Riders

☐ Accelerated Death Benefit Rider

☐ Adjusted Sales Load Rider

☐ % (in whole percentages only) waived for _____ years

☐ Cash Rider \$ _____

☐ Long Term Care Rider \$ _____

Complete Supplement for Long Term Care Rider

j. FOR WHOLE LIFE PLAN ONLY (Check plan for availability)

1. Death Benefit Option (If no option is selected here, Option 1 is elected)

Option 1 (The Specified Amount, or a multiple of the Cash Value, whichever is greater)

Option 2 (The Specified Amount, plus the Cash Value, or a multiple of the Cash Value, whichever is greater)

Option 3 (The Specified Amount, plus the Premium Accumulation at _____ % interest or a multiple of the Cash Value, whichever is greater)

Internal Revenue Code Life Insurance Qualification Test (If no selection is made here, Guideline Premium/Cash Value Corridor Test is elected)

2. Optional Benefit Riders

☐ Accelerated Death Benefit Rider

☐ Adjusted Sales Load Rider

☐ % (in whole percentages only) waived for _____ years

☐ Cash Rider \$ _____

☐ Long Term Care Rider \$ _____

Complete Supplement for Long Term Care Rider

k. FOR TERM LIFE PLAN ONLY (Check plan for availability)

1. Death Benefit Option (If no option is selected here, Option 1 is elected)

Option 1 (The Specified Amount, or a multiple of the Cash Value, whichever is greater)

Option 2 (The Specified Amount, plus the Cash Value, or a multiple of the Cash Value, whichever is greater)

Option 3 (The Specified Amount, plus the Premium Accumulation at _____ % interest or a multiple of the Cash Value, whichever is greater)

Internal Revenue Code Life Insurance Qualification Test (If no selection is made here, Guideline Premium/Cash Value Corridor Test is elected)

2. Optional Benefit Riders

☐ Accelerated Death Benefit Rider

☐ Adjusted Sales Load Rider

☐ % (in whole percentages only) waived for _____ years

☐ Cash Rider \$ _____

☐ Long Term Care Rider \$ _____

Complete Supplement for Long Term Care Rider

l. Optional Benefit Riders

☐ Accelerated Death Benefit Rider

☐ Adjusted Sales Load Rider

☐ % (in whole percentages only) waived for _____ years

☐ Cash Rider \$ _____

☐ Long Term Care Rider \$ _____

Complete Supplement for Long Term Care Rider

m. Other Riders

☐ 20 Year Spouse Rider \$ _____

☐ 10 Year Spouse Rider \$ _____

☐ Other Rider(s) _____

Page 2

001785710002

L-4736-21

001785710003

11. PERSONAL INFORMATION

11. PERSONAL INFORMATION			
All questions are to be answered by each Proposed Insured. For each Yes answer, provide details below.			
PROPOSED INSURED	JOINTINSPOUSE PROPOSED INSURED	ANY CHILD	a Have you ever had any application for life or health insurance (or for reinsurance) for life or health insurance? (If yes, provide details)
			b Have you ever applied for or received disability payments for any illness or injury? (If yes, provide details)
			c In the past 3 years have you engaged in, or do you intend to engage in, flying as a pilot, student pilot or crew member, organized racing of an automobile, motorcycle, or any type of motor-powered vehicle, scuba diving, mountaineering, hang gliding, parasailing, sky diving, bungee jumping, or any type of body-contact or water sports? (If yes, complete an Ambulatory Activities Questionnaire)
			d Have you ever had your driver's license suspended or revoked or been convicted of driving while intoxicated or reckless, or been convicted in the past 3 years of more than one moving violation? (If yes, provide details)
			e Except as prescribed by a physician, have you ever used, or been convicted for sale or possession of cocaine or any other narcotic or illegal drug? (If yes, complete Drug Questionnaire)
			f Have you ever been charged with a violation of any criminal law? (If yes, provide details)
			g Have you had any bankruptcies in the past 7 years or have any state or judgments pending against you at this time? (If yes, provide details)
			h Do you plan to travel or reside outside of the United States or Canada? (If yes, complete Supplemental for Foreign Nationals or Travel)
			i Do you belong to or intend to join any active or reserve military or naval organization? (If yes, complete Military Service Questionnaire)
			j Do you have a parent or sibling who died from cancer or cardiovascular disease prior to age 60? (If yes, provide relationship to Proposed Insured(s), age at death and cause of death, and if cancer, provide type)
Name of any spouse answers (Indicate name of person). If more space is needed, an additional blank sheet may be attached:			
3. Gary Franklin Lytle 1978 Colorado Blvd - 1 unit 2001 Civil Action "01-07355 CE - 5th fl			
12. TOBACCO USE / PROPOSED INSURED:			
Have you used tobacco or nicotine in any form in the last 5 years?			
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Other tobacco	<input type="checkbox"/> pipe
<input type="checkbox"/> cigars	<input type="checkbox"/> chewing tobacco	<input type="checkbox"/> snuff	<input type="checkbox"/> Last 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
JOINTINSPOUSE PROPOSED INSURED:			
Have you used tobacco or nicotine in any form in the last 5 years?			
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Other tobacco	<input type="checkbox"/> pipe
<input type="checkbox"/> cigars	<input type="checkbox"/> chewing tobacco	<input type="checkbox"/> snuff	<input type="checkbox"/> Last 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. PHYSICAL MEASUREMENTS			
WEIGHT			
INSURED	HEIGHT	CURRENT	1 YEAR AGO
5 ft 9 in	180 lbs	180 lbs	180 lbs
REASON FOR WEIGHT GAIN OR LOSS			
14. PERSONAL PHYSICIAN			
Name of Personal Physician			
Address			
Telephone Number			
Reason last consulted			
Treatment given or medication prescribed			
Page 2			

001785710005

001785710006

PART C**18. TAXPAYER IDENTIFICATION NUMBER**

Under the Interest and Dividend Compliance Act of 1983, persons owning insurance policies are required to provide the Company with certification that their taxpayer identification number is correct. (For most individuals, this is their Social Security Number.) If you do not provide us with certification of this number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, we will be forced to withhold 31% from interest and other payments we make to you (known as backup withholding). It is not an additional tax, since the amount withheld may be applied against any tax you owe. If withholding results in an overpayment of taxes, a refund may be available.

☐ Check this box if the Internal Revenue Service has notified you that you are subject to backup withholding.

Otherwise, your signature on this application is certification that the taxpayer identification number on this application is true, correct, and complete. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

19. SPECIAL INSTRUCTIONS (If more space is needed, an additional blank sheet may be attached.)

APR 26 '04 17:58 FR THE REICH AGENCY 1 248 203 9809 TO 16146776189

P.02/02



L034804300

AMENDMENT
OF APPLICATION FOR INSURANCE TO
NATIONWIDE LIFE INSURANCE COMPANY
COLUMBUS, OHIO 43215

I hereby amend my application for insurance to the Nationwide Life Insurance Company on the
life of Gary Lupiloff dated November 11, 2003 as follows:

The policy was issued with Non-Tobacco rates.

I hereby agree that these changes shall be an amendment to and form a part of the original
application and of the policy issued thereunder, if any.

Signed at Bham, MI on 4/26, 2004
CITY, STATE MONTH, DAY YEAR

X [Signature]
SIGNATURE OF PROPOSED INSURED
(NOT REQUIRED IF UNDER AGE 10)
Gary Lupiloff

X [Signature]
SIGNATURE OF OTHER
(IF OTHER THAN PROPOSED INSURED)
Gary Lupiloff

Witness X [Signature]
(REPRESENTATIVE)

RETURN ORIGINAL SIGNED COPY TO NATIONWIDE

DUPLICATE

0048

001785 710007

20. AGREEMENT, AUTHORIZATION AND SIGNATURES

I have read this application. I understand each of the questions. All of the answers and statements on this form are complete and true to the best of my knowledge and belief. I understand and agree that:

- A. This application, any amendments to it, and any related medical examinations will become a part of the Policy and are the basis of any insurance issued upon this application.
- B. No medical examiner, producer or other representative of Nationwide may accept risks or make or change any contract, or waive or change any of the Company's rights or requirements.
- C. If the full first premium payment is made in exchange for a Temporary Insurance Receipt, Nationwide will only be liable to the extent set forth in that receipt.
- D. If the full first premium is not paid with this application, then insurance will only take effect when all of the following conditions are met:
 - 1. a Policy is issued by Nationwide and is accepted by me; and
 - 2. the full first premium is paid; and
 - 3. all the answers and statements made on the application, medical examination(s) and amendments continue to be true to the best of my knowledge and belief.

The applicant has a right to cancel this application at any time by contacting their agent or Nationwide in writing. I have received the pre-notice form of the Fair Credit Reporting Act of 1970 and the Medical Information Bureau disclosure form. I certify that the Social Security Number given is correct and complete.

I authorize any licensed physician or medical practitioner, any hospital, clinic, pharmacy or other medical or medically related facility, any insurance company, the Medical Information Bureau, or any other organization, institution or person who has knowledge of me, to give that information to the Medical Director of the Nationwide Life Insurance Company/Nationwide Life and Annuity Insurance Company, or its reinsurers, for the purpose of underwriting my application in order to determine eligibility for Life Insurance and to investigate claims. By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization, and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer be covered by federal rules governing privacy and confidentiality of health information. This authorization, or a copy of it, will be valid for a period of not more than two and one-half years (30 months) from the date it was signed. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to Nationwide Life Insurance Company/Nationwide Life and Annuity Insurance Company, Attention: Underwriting, P.O. Box 182835, Columbus, Ohio 43218-2835. I understand that a revocation is not effective to the extent that any of my providers have relied on this authorization, or to the extent that Nationwide Life Insurance Company/Nationwide Life and Annuity Insurance Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I further understand that if I refuse to sign this authorization to release my complete medical records, Nationwide Life Insurance Company/Nationwide Life and Annuity Insurance Company may not be able to process my application. I understand that my authorized representative or I have a right to a copy of this authorization by sending a request to Nationwide in writing.

Signed at Birmingham, Michigan, on November 11, 2003
City/State Month/Day Year

I have truly and accurately recorded all Proposed Insured's answers on this application and have witnessed his/her signature(s) hereon. To the best of my knowledge, the insurance applied for ☐ will ☒ will not (CHECK ONE) replace any life insurance, and/or annuity.

MARY E. REICH
Producer's Name (please print)

[Signature]
Producer's Signature

REICH Agency 21-0024503
Firm Producer's Nationwide Number

379-70-0499
Social Security Number

Gary Herman Lugloff
Name of Proposed Insured (please print)

[Signature]
Signature of Proposed Insured
(or parent if Proposed Insured is under age 15)

Name of Joint/Spouse Proposed Insured (please print)

Signature of Joint/Spouse Proposed Insured (if to be insured)

Signature of Applicant/Owner (if other than the insured)

Signature of Payor (if other than the insured)

DUPLICATE

0049



GUARANTEED TERM LIFE INSURANCE TO AGE 95 POLICY

Renewable once a year until age 95.

Convertible anytime prior to the end of the conversion period, as stated on the policy data pages.

Premiums payable during lifetime of insured prior to the end of the term of the policy.

Premiums are guaranteed at issue.

Non-Participating - No Dividends.

Life 4608

0050